

## HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813 or P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: (808) 587-0460 FAX: (808) 587-0470

email: ethics@hawaiiethics.org Web site: www.hawaii.gov/ethics

NOTE: This is a public document.

LOB- DUD38 ORG-40116

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STATE BY HAWAII STATE ETHICS COMMISSIES

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Diesman	Jennifer		948-5459
MAILING ADDRESS (Street)			FAX 948-6860
P.O. Box 860			EMAIL
(City)	(State)	`	(Zip Code)
Honolulu	HI		96808-0860
EMPLOYING ORGANIZATION (Fill in only if y	ou are employed by a business	s entity which has been retained to lobby)	TELEPHONE
·			
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)		(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do n	not abbreviate)	TELEPHONE
Hawaii Medical Service Association		948-5459
MAILING ADDRESS (Street)		FAX 948-6860
P.O. Box 860		EMAIL
(City)	(State)	(Zip Code)
Honolulu	HI	96808-0860
NAME OF PERSON RESPONSIBLE FOR PREPARING OR	RGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
NAME OF PERSON RESPONSIBLE FOR PREPARING OR Michael Gold	RGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE 948-5498
Michael Gold	RGANIZATION'S EXPENDITURES STATEMENT	
	RGANIZATION'S EXPENDITURES STATEMENT	
Michael Gold	RGANIZATION'S EXPENDITURES STATEMENT	948-5498
Michael Gold  MAILING ADDRESS (Street)	RGANIZATION'S EXPENDITURES STATEMENT (State)	948-5498 FAX

PART III DESCRIPTION	OF SUBJECTS UPON WH	ICH YOU EXPECT TO LOBE	PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
Agriculture	☐ Education	✓ Human Services	Science, Technology & Economic Development					
Communications & Public Utilities	Government Operation & Finance	<ul><li>Intergovernmental Relations, International Affairs</li></ul>	☐ Tourism & Recreation					
Consumer Protection & Commerce	Hawaiian Affairs	✓ Labor & Employment	Transportation					
Culture, Arts, Historic Preservation	<b>✓</b> Health	Planning, Land & Water Use Management	Other: (indicate below)					
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections						
PART IV CERTIFICATI	ON OF LOBBYIST	in to the heat of my knowle	adde, correct and complete.					
I hereby certify that to	he information furnished abov	re is, to the best of my knowle						
1-11-10								
(Signature of Lobbyist)			(Date)					
	(organization)							
PART V AUTHORIZAT	TION TO LOBBY							
NAME	HOR TO LOUD!	TITLE OF AUTHORIZING OFFIC	ER OR PERSON REPRESENTED					
Michael Gold	Executive Vice President, Chief Operating Officer							
NAME OF ORGANIZATION (if applicable)			TELEPHONE					
Hawaii Medical Service Association			948-5498					
MAILING ADDRESS (Street)			FAX 948-6860					
P.O. Box 860			EMAIL					
(City)	(State)		(Zip Code)					
Honolulu	HI		96808-0860					
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.								
Month ( 1/13/11)								
(Signature of Authorizing Officer or Person Represented) (Date)								